

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities and Commercial Licensing
Testing, Education & Program Services
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PRELICENSURE SCHEDULE AND GEOGRAPHIC LOCATION OF CLASSES

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in disciplinary action

Year: _____ School/Sponsor #: _____ Name: _____

Course Number: _____ Title of Course: _____ Hours Approved: _____

Please Check One: ☐ New ☐ Change ☐ Cancel

Instructions: Please provide all the information requested. Days of Week: Use M, T, W, TH, F, S, Sun.

Class #	Location: Street Address, City, State, Zip Code	Facility Name If Applicable	Date		Days of Week	Time		Full Name of Instructor
			Start	Finish		Start	Finish	